

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	M G		10/27/00
FEE DETERMINATION		57	11-06-00
O.I.P.E. CLASSIFIER	W H	926	12-20-00
FORMALITY REVIEW	Edgerson		04-18-01
RESPONSE FORMALITY REVIEW	Request	925	

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	10/27/00
2	11/13/00
3	12/20/00
4	12/20/00
5	12/20/00
6	12/20/00
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8	12/20/00
9	12/20/00
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If more than 150 claims or 10 actions  
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